SOCIAL SECURITY ADMINISTRATION
REQUEST FOR VERIFICATION OF <u>REFUGEE</u> STATUS <u>ONLY</u>
FOR SSA USE ONLY
Please FAX this form to the REFUGEE PROCESSING CENTER at 703-907-7290

RECORD OF RELEASE INFORMATION STATUTORY AUTHORITY

As a duly accredited representative of the Social Security Administration, I hereby certify, by my signature, that the review of this record is on behalf of the agency I represent, and is for official United States government use only. All information extracted or obtained will be handled in accordance with its classification. I further understand that Worldwide Refugee Admissions Processing System records are subject to the Privacy Act of 1974. The Worldwide Refugee Admissions Processing System of the U.S. Department of State considers the information provided by the file subject privileged. Worldwide Refugee Admissions Processing System records are not public records. As a recipient of this information you are responsible for the protection of the file subject's privacy. Do not release refugee information to other entities without the authorization and consent of the Worldwide Refugee Admissions Processing System, U.S. Department of Sate.

SSA Field Office: SSA Employee :

Telephone (Admin. Line):   Fax Number:

Signature: Date:

#	Alien	Name
1		
2		
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Instructions

1. Enter the Alien Number of refugee(s) for whom you are requesting verification.
2. A WRAPS database search will be done and a spreadsheet listing the alien number, refugee's name and date of birth will faxed to the requesting SSA office .
3. If the Department of State/RPC cannot verify a person's identity in WRAPS using the alien number and name, the RPC will notify SSA and ask SSA to submit additional information so that the WRAPS database can be re-checked.
4. All forms submitted to RPC must be typed **OR** printed clearly.
5. Please **DO NOT** fax additional documents with this form.